



**RHODE ISLAND DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
School Building Authority Capital Fund
Technical Assistance Request Form**

LEA: _____

Type of Service: _____

Invoice Amount: _____

CERTIFICATION:

I certify that the above information is correct to the best of my knowledge and belief and that the invoice amount is for technical assistance and guidance on the Necessity of School Construction application process.

Superintendent's Signature **Date**

Below this Line - For Internal Use Only

School Building Authority at the Rhode Island Department of Education Verification

Date

Verification

1. School Building Authority _____